

**MULTIPLE DEPENDENT CLAIM-  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/527037

APPLICATION

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/0		/		
2		/		/			52		/0		/		
3		/		/			53	/					
4		/		/			54	/					
5		/		/			55	/		/			
6		/		/			56				/		
7		/		/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11		/0		/			61						
12		/0		/			62						
13		/0		/			63						
14		/0		/			64						
15		/0		/			65						
16		/0		/			66						
17		/0		/			67						
18		/0		/			68						
19		/0		/			69						
20		/0		/			70						
21	/		/				71						
22		/		/			72						
23		/		/			73						
24		/		/			74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29		/		/			79						
30		/		/			80						
31		/0		/			81						
32		/0		/			82						
33		/0		/			83						
34		/0		/			84						
35		/0		/			85						
36	/		/				86						
37		/		/			87						
38		/		/			88						
39		/		/			89						
40		/		/			90						
41		/		/			91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45		/		/			95						
46		/0		/			96						
47		/0		/			97						
48		/0		/			98						
49		/0		/			99						
50		/0		/			100						
TOTAL IND.	6	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	220	←	50	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	226		54				TOTAL CLAIMS						